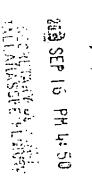
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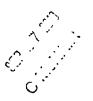




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COVER LETTER

TO:	Registration Se Division of Cor			123 113
	ADVANCE	ED SYSTEM MARKETING L	.LC.	S
SUBJEC	CT:	Name of Lim	ited Liability Company	SEP 10
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	Ę.
Please re	eturn all correspo	ndence concerning this matter	to the following:	e de la companya de La companya de la co
		Paul Galbreath II		
			Name of Person	
			Firm/Company	
		1286 Lingen Ave NW.		
			Address	
		Palm Bay Fl. 32907		
		paul@paulgalbreath.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
Paul Gal	lbreath		219 4877650 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED SYSTEM MARKETING LLC.

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 09/03/2010 and assigned
Florida document number L16000186172	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Coconut Customs LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1286 Lingen Ave NW.
(Principal office address MUST BE A STREET ADDRESS)	Palm Bay, FL. 32907
Enter new mailing address, if applicable:	1286 Lingen Ave NW.
(Mailing address MAY BE A POST OFFICE BOX)	Palm Bay, Fl. 32907
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		-	O Add
		<u></u>	□ Change
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			☐ Remove
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			Change

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Filing Fee: \$25.00